



PALLIATIVE MEDICINE

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

Objectives of Training and Specialty Training Requirements in Anesthesia

Specific Objectives in CanMEDS Format

OVERALL GOALS

Anesthesia residents may complete a rotation(s) in palliative medicine during their residency which will allow for a broad exposure to the care of terminally ill patients along with the numerous and often-times challenging problems. Residents will be exposed to numerous ethical issues that will require careful attention and skill in order to manage these issues effectively. They will recognize, as with all areas of medicine, the delivery of compassionate care is tantamount however during the terminal phase of illness these skills are of particular importance. Anesthesiologists are often identified as pain and symptom control physicians. Their expertise may be requested to assist with patients dying in their community with controlled symptoms, even if they do not practice palliative medicine. Many patients admitted to ICU do not survive, requiring delivery of palliative care principles in the ICU setting. Due to the nature palliative care work, the resident will find many of the skills required to perform effectively during this rotation are very well represented in the goals and objectives associated with the CanMEDs roles as established by the Royal College of Physicians and Surgeons of Canada.

ROTATION OBJECTIVES

Medical Expert/Clinical Decision Maker

The specialist trainee must be able to:

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access and apply relevant information to clinical practice.
- Demonstrate effective consultation services with respect to patient care, education and legal opinions.
- Understand ethics, law, and policy governing palliative care delivery in Canada.
- Understand symptom management (Education will be based on clinical situations that present during the rotation).

A. Pain

The resident will:

- Be able to assess and treat different types of pain and pain syndromes.
- Know the pharmacology of NSAIDs, opioids, and adjuvant drugs.

- Know about opioid tolerance, physical dependence, and addiction.
- Know routes of administration of opioids, i.e. morphine, hydromorphone and fentanyl.
- Have knowledge of non-pharmacologic approaches to pain management.

B. Dyspnea, delirium, nausea and vomiting, constipation, bowel obstruction, decubitus ulcers, anxiety, depression, etc.

The resident will be able to:

- Discuss the pathophysiology and treatment of these different symptoms as they arise in the patients being treated during their rotation.

C. Emergencies

- Residents will be involved in the assessment and management of palliative emergencies as they arise in the patients during the rotation which may include: hypercalcemia, severe dyspnea, severe pain, spinal cord compression, SVC syndrome, pathologic fractures, seizures and hemorrhage in the palliative setting.

Communicator

The resident will be able to:

- Establish therapeutic relationships with patients/families.
- Obtain and synthesize relevant history from patients/families/communities.
- Listen effectively.
- Discuss appropriate information with patients/families and the health care team.
- Use different techniques and approaches for communicating distressing information to patients/families.
- Work with patients and families to determine appropriate goals of treatment for stage of disease.
- Recognize personal limitations and ask for assistance when exposed to new situations or information, whether it be ethical, clinical, investigational, or management strategies.

Collaborator

The resident will be able to:

- Consult effectively with other physicians and health care professionals.
- Demonstrate timely and appropriate consultation skills directed towards various medical specialties contributing to the patients care.



Manager

The resident will:

- Allocate finite health care resources wisely.
- Work effectively in health care organization.
- Use information technology to optimize patient care, and life-long learning.

Health Advocate

The resident will be able to:

- Identify the important determinants of health affecting patients.
- Recognize and respond to those issues where advocacy is appropriate.
- Understand through observation the important role of health advocacy for patients that the physician plays at various levels of hospital administration and government.

Scholar

The resident will be able to:

- Critically appraise sources of medical information.
- Facilitate learning of patients, house staff/students, and other health care professionals.
- Demonstrate effective skills and techniques necessary to acquire information for patient care from various sources: i.e. the library and internet based searches.
- The resident may have the opportunity to present in an informal setting a topic of interest that is relevant to the delivery of palliative care.

Professional

The resident will:

- Deliver the highest quality of care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviours.
- Practice medicine ethically, consistent with the obligations of a physician.

Evaluation

Residents/fellows will be evaluated on their assessment and care of the patients, relationships with patients, families and interdisciplinary team members. The trainee often is invited to present in an informal setting a topic of interest that is relevant to delivery of palliative care.

Reviewed: April 2012, Dr. Granton